12124

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 104

1. PLACE OF DEATH:

County Howard

City or town Fulton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Howard

City or town Fulton, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Boy Bassler

3. (b) Social Security Number

4. Sex M

5. Color or race W

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife / / /

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 0 Months 0 Days 0 If less than one day hrs. min.

9. Birthplace Clarksville, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Earnest E Bassler.
13. Birthplace Fulton Md.

MOTHER
14. Maiden name Erma Wright
15. Birthplace Md.

16. Informant Earnest C Bassler.
Address Clarksville, Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof 1-1-40 (month) (day) (year)

Cemetery or crematory St Paul's Luth. Cem.

Location Fulton Md.

18. Funeral director F.C. Higinbothom
Address Ellicott City, Md

19. (Date rec'd by registrar) 19 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 30 1939, 9 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 30 1939, to Dec 30 1939, and that I last saw him ~~alive~~ dead on Dec 30, 1939.

Immediate cause of death Was Compression of Umbilical Cord at time of birth due to prolapse of Cord

DURATION

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S A Nichols
M. D. or other

Address Clarksville Date signed Dec 31

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 3 1940
BUREAU V. S.

12125

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH:
County Howard
City or town Near Laurel
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or insf. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 31 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Howard
City or town Near Laurel Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Frank H. Bentley

3. (b) Social Security Number none.

4. Sex M
5. Color or race W
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Rachael W. Bentley
6(c) If alive, give age 71 years
7. Birth date of deceased (mo., day, yr.) Sept-16th 1855

8. AGE: Years 84 Months 2 Days 30 29 If less than one day hrs. min.

9. Birthplace New York (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Darius Bentley
13. Birthplace New York
MOTHER 14. Maiden name Mary Jackson
15. Birthplace New York
16. Informant Mrs Rachael Bentley
Address Laurel Md R.F.D.
17. Burial (Burial, cremation, or removal, which?) Date thereof Dec 18th 1939 (month) (day) (year)
Cemetery or crematory Glenwood
Location Washington D.C.
18. Funeral director Lloyd Kaiser
Address Laurel Md.
19. 12/17/39 (Date rec'd by registrar) 19 Mark Shipley, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/15/39 19 at H.P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 15th 1939, to Dec. 15th 1939, and that I last saw him alive on Dec. 15th 1939.

Immediate cause of death
Myocardial insuff. — DURATION 2 mos.
Due to "Heart Block." — ?
Due to
Other conditions Senility — ?
(Include pregnancy within 3 months of death)
Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Mark Shipley, M.D. M.D. or other
Address Savage, Md. Date signed 12/17/39

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

12126

CERTIFICATE OF DEATH

Reg. Dist. No. 171

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Howard
City or town Glenelg
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Dayton Road
Stay in hospital or inst. (yrs., or mos., or days) 1
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Howard
City or town Glenelg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Howard Bright

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not known

8. AGE: Years 37 | Months | Days | If less than one day hrs. min.

9. Birthplace Howard Co. Maryland (Town, county, and state)

10. Usual occupation Farm Hand

11. Industry or business

FATHER 12. Name Phillip L. Bright
13. Birthplace Maryland

MOTHER 14. Maiden name Mary E. Taylor
15. Birthplace Maryland

16. Informant Phillip L. Bright
Address Glenelg Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 6 1940 (month) (day) (year)
Cemetery or crematory Brown's Chapel
Location Dayton Md.

18. Funeral director Easton Sons
Address Ellicott City

19. Jan. 6 1940 (Date rec'd by registrar) John A. Shaw Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 24 1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-24 1939, to 12-24 1939, and that I last saw h[illegible] alive on no date 19

Immediate cause of death	DURATION
Burned	instant
Due to house fire	
Due to	
Other conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of 12-24-39
Where did injury occur? Glenelg (City or town) Howard (County) md (State)
Injured at home, farm, industry, public place (where?) Home
Means of injury house burned Injured at work? no

23. SIGNATURE George E. Bungtop M.D. acting Deputy Medical Examiner M.D. or other
Address Ellicott City Date signed 1-6-40

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-a)

CERTIFICATE OF DEATH

12127

Reg. Dist. No. 195

1. PLACE OF DEATH:
County Howard
City or town Ellicott City Md. (Rural)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Howard
City or town Ellicott City Md (Rural) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Frederick August Brunner

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	W	Widower

6 (b) Name of husband or wife Susan Laumann
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Aug. 4, 1859

8. AGE:

Years	Months	Days	If less than one day
80	4	5	____ hrs. ____ min.

9. Birthplace Germany. (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden name Unknown
15. Birthplace "

16. Informant August O Brunner
Address Laurel Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-12-39. (month) (day) (year)
Cemetery or crematory St Johns Lutheran
Location Cuffers Corner
18. Funeral director F.C. Higinbothom Jr
Address Ellicott City Md

19. 12/12/39. 19 Frank Shipley, Registrar
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 9 1939, at 8P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/1/39 19 to 12/9/39 19; and that I last saw him alive on 12/9/39 19

Immediate cause of death	DURATION
Cerebral Haemorrhage	9 days
Due to Hypertension.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Frank Shipley, M.D.
M. D. or other
Address Savage, Md. Date signed 12/11/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12128

Reg. Dist. No. 191

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County Howard

City or town Annapolis Junction

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 7 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Howard

City or town Annapolis Junction Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME William Buckel

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Margaret (Spindler) Buckel

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.)

8. AGE	Years	Months	Days	If less than one day
about	76			____ hrs. ____ min.

9. Birthplace Germany (Town, county and state)

10. Usual occupation Farm work

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace Germany

MOTHER 14. Maiden name Unknown

15. Birthplace Germany

16. Informant Mrs. Lena Diesslein

Address Annapolis Junction,

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/8/39 (month) (day) (year)

Cemetery or crematory Meadow Ridge

Location Washington Blvd (Posey)

18. Funeral director Harry H. Witzke

Address 410 Eldorado Ave

19. 12-6-1939 (Date rec'd by registrar) John B. Longhurst Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 5, 1939 at 9:20 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-5-1939 to 12-5-1939, and that I last saw h[illegible] alive on 12-5-1939.

	DURATION
Immediate cause of death Coronary Thrombosis	Instant
Due to —	
Due to —	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE George E. Burgtorf M.D.

M. D. or other

acting Medical Examiner Howard Co.

Address Elkridge City, Md. Date signed 12-5-39

RECEIVED
DEC 12 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(46A)

12129

Reg. Dist. No. 195

1. PLACE OF DEATH:

County: Howard

City or town: Annapolis Junction
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Howard

City or town: Annapolis Junction Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Edward Everett Harden

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife: Belle Harden

Deceased 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): June 15, 1861

8. AGE:

Years	Months	Days	If less than one day
78	6	4	hrs. min.

9. Birthplace: Louisville, Carroll Co., Md.
(Town, county, and state)

10. Usual occupation: Retired Janitor - School

11. Industry or business

FATHER
12. Name: Louis L. F. Harden
13. Birthplace: Maryland

MOTHER
14. Maiden name: Mary Roberts
15. Birthplace: England

16. Informant: Mr. Ulyses G. Harden
Address: 2430 Calverton Hghts Avenue

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/21/39 (month) (day) (year)

Cemetery or crematory: Mt. Pleasant Cemetery

Location: Gamber, Carroll Co., Md.

18. Funeral director: Wm. J. Tickner & Sons,

Address: North & Penna. Avenues

19. 12/20/39 (Date rec'd by registrar) Frank S. Shipley, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 19 1939, at 6 19 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 10 1939, to Dec 19 1939, and that I last saw him alive on Dec 19 1939.

Immediate cause of death	DURATION
Bronchopneumonia	12-16-39
Carcinoma Esophagus	6-1-39
Due to Hypostasis	
Due to Cachexia	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: J. M. Warren, M.D.
M. D. or other

Address: Laurel, Md. Date signed: 12-20-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48)

CERTIFICATE OF DEATH

12130

Reg. Dist. No. 194

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Howard

City or town Dayton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Howard

City or town Dayton Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Beatrice Helen Isaacs

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W.	married.

6 (b) Name of husband or wife C C Isaacs

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 2, 1898

8. AGE:

Years	Months	Days	If less than one day
41	1	27	hrs. min.

9. Birthplace Dayton Md.
(Town, county, and state)

10. Usual occupation at home

11. Industry or business

FATHER 12. Name John Hill

13. Birthplace Md.

MOTHER 14. Maiden name Christina Kuns

15. Birthplace Md.

16. Informant C C Isaacs

Address Dayton, Md.

17. Burial Date thereof 1-1-1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Pinehurst Chapel Cem

Location Clarksville, Md.

18. Funeral director J.C. Higinbotham, D.D.

Address Ellicott City, Md.

19. 12/30 1939 S. A. Nichols, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29 1939, at 5:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from about Jan 2 1939, to Dec 29 1939, and that I last saw her alive on Dec 29 1939.

Immediate cause of death	DURATION
Carcinoma of Uterus	
Due to	
Due to	
Other conditions Acute Anemia due to loss of blood from Cancer	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. A. Nichols M. D. or other

Address Clarksville Md Date signed Dec 31

RECEIVED
JAN 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12131

Reg. Dist. No. 195

1. PLACE OF DEATH:
County: Howard
City or town: Waterloo
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Washington Blvd.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 1 yrs 6 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For new-born infants give residence of mother)
State: Maryland County: Howard.
City or town: Savage Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.:
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: World's War

3. (a) FULL NAME: Rudolph L. Jacobson

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Unknown

8. AGE: Years: About 53 | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: Unknown (Town, county, and state)

10. Usual occupation: Soldier Retired.

11. Industry or business:

FATHER
12. Name: Unknown
13. Birthplace:

MOTHER
14. Maiden name: Unknown.
15. Birthplace:

16. Informant: ??
Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 18, 1939 (month) (day) (year)
Cemetery or crematory: Arlington Memorial Cem
Location: Arlington Virginia

18. Funeral director: Bernard Danzansky
Address: 3501-14th St. N.W. Washington D.C.

19. 12-15-39 (Date rec'd by registrar) F. E. Shipley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12-12 1939, at 4:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-12 1939, to 12-12 1939, and that I last saw h[illegible] alive on 12-12 1939.

Immediate cause of death	DURATION
Compound fracture of skull in frontal region	instant
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: accident Date of: 12-12-39
Where did injury occur? Near Savage, (City or town) Howard (County) md (State)
Injured at home, farm, industry, public place (where?): Washington Blvd
Means of injury: Struck by auto Injured at work? no

23. SIGNATURE: George E. Burgtorf MD
acting Deputy Medical Examiner
(M. D. or other)
Address: Ellicott City, Md. Date signed: 12-12-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

12132

Reg. Dist. No. 191

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (I) (T) (M)

1. PLACE OF DEATH:

County: Howard

City or town: Elkwood City
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Howard.

City or town: Elkwood City. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Columbia Pike
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Cecilia Jones

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	married

6 (b) Name of husband or wife: Roy Jones.

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): July 30 1889

8. AGE:

Years	Months	Days	If less than one day
50	4	29	____ hrs. ____ min.

9. Birthplace: Howard, Md.
(Town, county, and state)

10. Usual occupation: Domestic

11. Industry or business

FATHER
12. Name: Malen Sullivan
13. Birthplace: Md.

MOTHER
14. Maiden name: Josephine Colson
15. Birthplace: Md

16. Informant: Roy Jones
Address: Elkwood City Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 1 1940 (month) (day) (year)

Cemetery or crematory: Emanuel Cemetery

Location: Scaggsville, Md

18. Funeral director: R. Higinbotham Jr

Address: Elkwood City Md

19. Jan 1, 1940 (Date rec'd by registrar) John B. Laughman Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12-29-1939, at 2:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-1-1939, to 12-29-1939, and that I last saw her alive on 12-29-1939.

	DURATION
Immediate cause of death: Cerebral Thrombosis	12-10-39
Due to: Arteriosclerotic Cardio-Vascular disease	1 year
Due to:	
Other conditions: Chronic Bronchitis	2 years

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: George E. Burgtorf M.D.
M. D. or other

Address: Elliott City, Md. Date signed: 12-29-39

RECEIVED
FEB 5 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(180)

12133

Reg. Dist. No. 195

1. PLACE OF DEATH:

County Howard

City or town Savage (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 20 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Howard

City or town Savage Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. Washington St. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary B. Lilly

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Walter A. Lilly

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Sept. 2, 1893

8. AGE: Years 46 Months 3 Days 21 If less than one day ____ hrs. ____ min.

9. Birthplace: Virginia (Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business: Own Home

FATHER 12. Name: James Sherman

13. Birthplace: Virginia

MOTHER 14. Maiden name: Lucy A. Miller

15. Birthplace: Virginia

16. Informant: Mrs. Katie Luber

Address: Savage

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 24, 1939 (month) (day) (year)

Cemetery or crematory: Savage Cemetery

Location: Savage, Maryland

18. Funeral director: Easton Sons

Address: Ellicott City

19. 12/23/39. (Date rec'd by registrar) Frank Shipley, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 23 1939, at 4 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-23 1939, to 12-23 1939, and that I last saw her alive at no time 19__.

Immediate cause of death: 4th degree Burns - due to fire — DURATION: instant

Due to

Due to: Burned up in house

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of 12-23-39

Where did injury occur? Savage (City or town) Howard (County) Md (State)

Injured at home, farm, industry, public place (where?): home

Means of injury: Home burned down Injured at work? no

23. SIGNATURE: George E. Burgtorf MD

Acting Deputy Medical Examiner - Howard Co.

M. D. or other

Address: Ellicott City, Md. Date signed 12-24-39

RECEIVED
JAN 8 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12134

Reg. Dist. No. 195

1. PLACE OF DEATH:

County Howard.

City or town Savage

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 12 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Howard.

City or town Savage Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Washington St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No.

3. (a) FULL NAME Walter A. Lilly.

3. (b) Social Security Number 217-07-5171

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Mary B. Lilly

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Jan. 13, 1894

8. AGE: Years 45 | Months 11 | Days 10 | If less than one day ____ hrs. ____ min.

9. Birthplace: Hollofield Balt. Co. Maryland (Town, county, and state)

10. Usual occupation: Engineer.

11. Industry or business: P. J. Flannegan & Sons Baltimore

FATHER

12. Name: Edward Lilly

13. Birthplace: Maryland.

MOTHER

14. Maiden name: Emma Unknown

15. Birthplace: Unknown

16. Informant: Mrs. Katie Lubee

Address: Savage Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 24, 1939 (month) (day) (year)

Cemetery or crematory: Savage Cemetery

Location: Savage Maryland.

18. Funeral director: Easton Sons

Address: Ellicott City

19. 12/23/39 (Data rec'd by registrar) 19 Marth Shipley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 23 1939, at 4A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-23 1939, to 12-23 1939, and that I last saw him alive on no time 19

Immediate cause of death: 4th degree Burns due to fire — DURATION: instant

Due to: Burned up in home

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident Date of 12-23-39

Where did injury occur? Savage (City or town) Howard (County) Md (State)

Injured at home, farm, industry, public place (where?): home

Means of injury: Home Burned down Injured at work? no

23. SIGNATURE: George E. Burgtorf M.D. Acting Deputy Medical Examiner Howard Co.

Address: Ellicott City, Md. Date signed 12-24-39

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JAN 8 1940
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-E)

12135

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:
County Howard.
City or town Ellicott City.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Irvine St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 53 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Howard.
City or town Ellicott City. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Irvine St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Mary Gertrude Meade

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Charles H. Meade
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb. 26, 1866

8. AGE:

Years	Months	Days	If less than one day
73	9	16	____ hrs. ____ min.

9. Birthplace Hanover Penna. (Town, county, and state)
10. Usual occupation Home - Own Home
11. Industry or business
FATHER 12. Name Joseph Eckenrode
13. Birthplace Hanover, Pa.
MOTHER 14. Maiden name Josephine Althoff
15. Birthplace Hanover, Pa.
16. Informant Marion Meade
Address Ellicott City
17. Burial (Burial, cremation, or removal? Which?) Date thereof Dec. 15, 1939. (month) (day) (year)
Cemetery or crematory St. Johns Cemetery
Location Ellicott City. Md.
18. Funeral director Easton Sons
Address Ellicott City.
19. Dec. 13, 1939 (Date rec'd by registrar) John B. Loughman Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-12 1939 at 11:15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1 1939 to 12-12 1939 and that I last saw her alive on 12-12- 1939

Immediate cause of death	DURATION
Arteriosclerotic Cardio Vascular disease	1 year
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE George E. Burgtorf MD (M. D. or other)
Address Ellicott City. Md. Date signed 12-12-39

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JAN 5 1940
BUREAU V. S.

12136

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (93-C)

County Howard Registration Dist. No. 190

Village or City Elkridge No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 18 ds. How long in U.S. If of foreign birth? 49 yrs. mos. ds.

2. FULL NAME Elizabeth Oberender

(a) Residence: No. 2613 Dulaney St. Balto. Md. (Usual place of abode) St., Ward. If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5e. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Paul Richard Oberender

6. DATE OF BIRTH (month, day, and year): Aug. 24 1872

7. AGE: Years 67 | Months 3 | Days 11 | If LESS then 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Domestic

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Housewife

10. Date deceased last worked at this occupation (month and year): Nov 1939

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Altengeanach Germany

FATHER

13. NAME: Peter Schneider

14. BIRTHPLACE (city or town) (State or country): Altengeanach Germany

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): Altengeanach Germany

17. INFORMANT (Address): Mrs Elizabeth Wiggington Elkridge Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Jerusalem Luth. Ave. Date: Dec 8, 1939

19. UNDERTAKER (Address): Philip S Herwig Sons 2016 Orleans St

20. FILED: Dec 5, 1939 (Miss) E. Bird Williams Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec (Month) 5 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1939, to Dec 5, 1939

I last saw her alive on Dec 4, 1939; death is said to have occurred on the date stated above, at 6 10 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1981
Myocardial Decompensation	Nov 39

Other Contributory Causes of importance: Chr. Infectious Arthritis — unknown

Name of operation: none Date of: —

What test confirmed diagnosis? Heart Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) B. B. Brumbaugh M. D.

(Address) Elkridge Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (121)

CERTIFICATE OF DEATH

12137

Reg. Dist. No. 191

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Howard

City or town Ellicott City Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Howard

City or town Ellicott City Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Virginia Poole

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F	W	married

6 (b) Name of husband or wife Clearance W Poole

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 6, 1881

8. AGE: Years 58 | Months 6 | Days 29 | If less than one day hrs. min.

9. Birthplace Woodbine Md.
(Town, county, and state)

10. Usual occupation at home

11. Industry or business

FATHER 12. Name Martin Colson

13. Birthplace Md.

MOTHER 14. Maiden name Julia Downey

15. Birthplace Md.

16. Informant Clearance W Poole

Address Ellicott City Md.

17. Burial Date thereof 12 16 39
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Good Shepherd

Location Rockland, Md

18. Funeral director J C Higinbotham

Address Ellicott City Md

19. Dec. 16, 1939 John B. Leighman
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 15 1939 at 5 30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 10 1935 to Dec 15 1939

and that I last saw h- alive on Dec 15 1939

	DURATION
Immediate cause of death Cerebral Hemorrhage	2 hrs.
Due to Hypertension	5 yrs
Due to	
Other conditions Chr. Nephritis	3 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Leon Kirkwood M. D. or other

Address Ellicott City Date signed 12-15-39

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JAN 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12138

Reg. Dist. No. 193

1. PLACE OF DEATH:
County: Howard
City or town: Rural Near Lisbon
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Howard
City or town: Rural Near Lisbon Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Ella V. Rigler

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife: Lewis Rigler
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): July 5 1882

8. AGE:

Years	Months	Days	If less than one day
57	5	11	hrs. min.

9. Birthplace: Howard Co.
(Town, county, and state)
10. Usual occupation: House wife
11. Industry or business

FATHER
12. Name: Milton Pickett
13. Birthplace: Howard Co.

MOTHER
14. Maiden name: Frances Duvall
15. Birthplace: Howard Co.

16. Informant: Lewis Rigler
Address: Lisbon Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 19 1939 (month) (day) (year)
Cemetery or crematory: Family Burial ground
Location: Florence, Howard Co. Md.

18. Funeral director: C. M. Walty
Address: Winfield Md.

19. Dec-19-1939 (Date rec'd by registrar) E. Pearl Mercer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 16 1939, at 9:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1937, to Dec 16 1939, and that I last saw him alive on Dec 16 1939.

Immediate cause of death	DURATION
Carcinoma of the Uterus with General Metastasis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: C. M. Van Poole M.D.
M. D. or other
Address: Mt Airy Md. Date signed 12-17-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JAN 5 1940
U. S.

12139

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82a)

CERTIFICATE OF DEATH

Reg. Dist. No. 193

1. PLACE OF DEATH: Howard

County

City or town Long Corner

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 30 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Howard

City or town Long Corner Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Samuel Norris Scott

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Margaret Ellen Scott

6(c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) Aug. 25, 1861

8. AGE:

Years	Months	Days	If less than one day
78	1	29	hrs. min.

9. Birthplace Nr. Florence, Howard Co., Md.
(Town, county, and state)

10. Usual occupation House Carpenter

11. Industry or business

FATHER
12. Name John Scott
13. Birthplace Howard Co., Md.

MOTHER
14. Maiden name Kate (unknown)
15. Birthplace unknown

16. Informant Mrs. Ellen Scott

Address R.D. Mt. Airy, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 26, 39 (month) (day) (year)

Cemetery or crematory Howard Chapel Cemetery

Location Nr. Long Corner Md

18. Funeral director Herman Snyder

Address Mt. Airy, Md

19. Dec -26- 1939 (Date rec'd by registrar) E. Pearl Mercier Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 24 1939, at 7a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Since 1925, to 19 , and that I last saw him dead alive on Dec. 24 1939.

Immediate cause of death Probably Cerebral Haemorrhage — DURATION a few min.

Due to Hypertension Arterio Sclerosis — Some years 10 yrs ago

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George M. Boyer M. D. or other

Address Damascus, Md Date signed 12-25-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MAR 5 1940
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (180)

12140

CERTIFICATE OF DEATH

Reg. Dist. No. 171

1. PLACE OF DEATH:

County Howard

City or town Glenelg

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Dayton Road.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 20 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Howard

City or town Glenelg Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Henry Smallwood.

3. (b) Social Security Number None

4. Sex Male

5. Color or race Colored

6. (a) Single, married, widowed, or divorced Unknown

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years About 55 Months — Days — If less than one day hrs. min.

9. Birthplace Unknown (Town, county, and state)

10. Usual occupation Farm Hand.

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden name

15. Birthplace

16. Informant Philip H. Blight.

Address Glenelg.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 6 1940 (month) (day) (year)

Cemetery or crematory Browns Chapel

Location Dayton Md

18. Funeral director Easton Sons

Address Ellicott City.

19. Jan. 6, 1940 (Date rec'd by registrar) John B. Loughran, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 24 1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-24 1939, to 12-24 1939, and that I last saw him alive on no date 19

Immediate cause of death Burned

Due to house fire instant

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide accident Date of 12-24-39

Where did injury occur? Glenelg (City or town) Howard (County) Md (State)

Injured at home, farm, industry, public place (where?) home

Means of injury house burned Injured at work? no

23. SIGNATURE George E. Burgtorf M.D. M. D. or other

Acting Deputy Medical Examiner

Address Ellicott City Date signed 1-6-40

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21&m)

CERTIFICATE OF DEATH

12141

Reg. Dist. No. 195

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Howard
City or town Savage, Md (Rural)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Howard
City or town Jessups, Md. Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR World War

3. (a) FULL NAME Earnest Smitson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W.	married

6 (b) Name of husband or wife Bessie Smitson
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Mar. 2, 1892

8. AGE:

Years	Months	Days	If less than one day
47	9	0	____ hrs. ____ min.

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name Wm H Smitson
13. Birthplace Md.
MOTHER 14. Maiden name Violet Scott
15. Birthplace Md.
16. Informant Laura Linquest
Address Jessups Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-7-39 (month) (day) (year)
Cemetery or crematory Woodlawn
Location Laurel Md
18. Funeral director H. Hugh Mulvihill
Address Elkridge City Md
19. 12/6/39. (Date rec'd by registrar) 19 Frank Shipley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 2 1939 at 10 20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-2 1939, to 12-2 1939, and that I last saw him alive on 12-2 1939.

Immediate cause of death	DURATION
Fracture of 4 spinal vertebrae, 11th 12th Thoracic, 1st & 2nd Lumbar	Instant.
Due to Auto accident	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of 12-2-39
Where did injury occur? Savage (City or town) Howard (County) Md. (State)
Injured at home, farm, industry, public place (where?) on Washington Blvd
Means of injury struck by auto Injured at work? no

23. SIGNATURE George E. Brayton M.D.
acting Deputy medical Examiner Howard Co.
M. D. or other
Address Ellicott City Date signed 12-5-39

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JAN 8 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12142

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (946)

County Howard Registration Dist. No. 190

Village or City Elkridge No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jane Keziah Tilghman

(a) Residence: No. Maria Street St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William David Tilghman

6. DATE OF BIRTH (month, day, and year) Mch 31 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Domestic

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Housewife

10. Date deceased last worked at this occupation (month and year) Dec '39

11. Totel time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Baltimore City (State or country) Md.

FATHER

13. NAME Rev. Thomas H. Nichols

14. BIRTHPLACE (city or town) Baltimore (State or country) Md

MOTHER

15. MAIDEN NAME Jane Keziah Wells

16. BIRTHPLACE (city or town) Baltimore (Stete or country) Md

17. INFORMANT: Wm. David Tilghman (Address) Elkridge Md

18. BURIAL, CREMATION, OR REMOVAL Melville M. E. Cemetery Place Elkridge Md Date Dec. 15, 1939

19. UNDERTAKER Earp & Stiffler (Address) Elkridge Md.

20. FILED Dec. 15, 1939 (Miss) E. Bird Williams Registrar. Local

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec 12 (Month) (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1939, to Dec 12, 1939

I last saw her alive on Dec 12, 1939; death is said to have occurred on the date steted above, at 8 40 a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Myocardial degeneration	11/2/39
Other Contributory Causes of importance:	
Mixed Hypertension	?

Name of operation none Date of

What test confirmed diagnosis? Heart Was there an autopsy? no

23. If deeth was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Wes disease or injury in eny way related to occupetion of deceased? no

If so, specify

(Signed) B. B. Brumbaugh M. D.

(Address) Elkridge Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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JAN 3 1928
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(94a)

12143

CERTIFICATE OF DEATH

Reg. Dist. No. 191

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH
County: Howard
City or town: Ellicott City
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: Folly's Quarter Road.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 18 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Howard
City or town: Ellicott City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Folly's Quarter Road
(If rural, give LOCATION)
2(a) IF VETERAN, NAME WAR: World War

3. (a) FULL NAME: Harry Michael Tully.

3. (b) Social Security Number: 212-05-3082

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept. 6, 1894

8. AGE: Years: 45 | Months: 3 | Days: 5 | If less than one day: hrs. min.

9. Birthplace: Oswego, New York (Town, county, and state)

10. Usual occupation: Sales man

11. Industry or business: Service Dept. Con. Gas Elec. Ly & Power Co.

FATHER
12. Name: Michael Thomas Tully
13. Birthplace: Mexico, New York

MOTHER
14. Maiden name: Mary Higgins
15. Birthplace: Oswego, New York

16. Informant: Geo. O. Miller
Address: Ellicott City Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 15, 1939 (month) (day) (year)
Cemetery or crematory: St. Johns Cemetery
Location: Ellicott City

18. Funeral director: Easton Sons
Address: Ellicott City.

19. Dec 13, 1939 (Date rec'd by registrar) John B. Loughran Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 11 1939, at 11 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 7th 1939, to Dec 11 1939, and that I last saw h in alive on Dec 11 1939.

	DURATION
Immediate cause of death: Cardiac Dilatation Angina Pectoris	5 yrs
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Geo. O. Miller M. D.
M. D. or other
Address: Ellicott City Md. Date signed: Dec 13/39

RECEIVED
JAN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (958)

12144

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:
County Howard
City or town Ellicott City.
(If outside city or town limits, write RURAL NEAR and give town)
Street address (No.), or Institution: Ellicott St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(If a newborn infant, give residence of mother)
State Maryland County Howard
City or town Ellicott City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Ellicott City
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Charles Yates.

3. (b) Social Security Number None

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married.
6. (b) Name of husband or wife: Fannie E. Yates (NEE Thorpe)
6. (c) If alive, give age: 66 years
7. Birth date of deceased (mo., day, yr.): March 19, 1869
8. AGE: Years: 70 Months: 8 Days: 23 If less than one day: hrs. min.
9. Birthplace: England (Town, county, and state)
10. Usual occupation: Storekeeper
11. Industry or business: Retired
FATHER
12. Name: Robert Yates
13. Birthplace: England.
MOTHER
14. Maiden name: Alice Woodall
15. Birthplace: England
16. Informant: Mrs. Fannie E. Yates
Address: Patapsco & Vaughts Ellicott City
17. Burial (Burial, cremation, or removal? Which?) Date thereof Dec. 14, 1939. (month) (day) (year)
Cemetery or crematory St. Johns Cemetery
Location Ellicott City.
18. Funeral director Easton Sons
Address Ellicott City.
19. Dec. 13, 1939 (Date rec'd by registrar) John B. Laughran Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 - 11 1939, at 8:20 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1, 1937 19 to Dec. 11 1939
and that I last saw him alive on 12-11- 1939

	DURATION
Immediate cause of death: Arteriosclerotic Cardio Vascular Disease	3 years
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE George E. Burgtorf MD M. D. or other
Address Ellicott City, Md. Date signed 12-11-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JAN 6 1940
BUREAU V. S